PTO/S8/06 (08-03)

Approved for use through 2/3 1/2008, Okto 0651-0032

U.S. Putent and Tradement Officer, U.S. DEPARTMENT OF COMMERCES

D a collection of Information uniform 1 Commerces Under the Paperwork Reduction Act of

	PATER	IT APPLI	CATIO	N FEE DET	er munaik	N RECORD	dormetion unle	75	A 10 J	combal number
	(	CLAIMS AS		-PARTI	column 2)	SMALL	ENTITY	OR	OTHE	R THAN ENTITY
FOI	R	MINI	NUMBER FILED			1	T	1	· omrece	CALLY
BASIC FEE					NUMBER EXTRA		FEE	1	RATE	FEE
(3) CPR 1.16(II) TOTAL CLAMS							OR			
(DJ CFR 1.16(ct)		minus 20 •						1		
INDEPENDENT CLAIMS (37 CFR 1.18(D))							<del> </del>	OR	x 8•	
		<u> </u>	minus 3 •			X8•		OR	X =	
MULTIPLE DE	PENDENT (	LAIM PRESE	NT	(37 CFR 1.16(d))						
I the effered	ace in colum	n 1 is less th	••••				CR	<u> </u>		
* If the difference in column 1 is less than zero, enter 10° in column 2.  CLAIMS AS AMENDED PART II						TOTAL		OR	TOTAL	
~ ~ .	- 4		ENUEL	-PARTII						
	<u>-06 «</u>			(Catuma 2)	(Cotumn 3)	SMALL	ENTITY	OR		THAN ENTITY
<	l a	CLAIMS EMAINING		HIGHEST	PRESENT			l	Small	CHILL
		AFTER KENDMENT		PREVIOUSLY PAID FOR	EXTRA	RATE	ADDI- FIONAL		RATE	ADDI- TIONAL
Total Office Lt	(4)	35	Minus	40	•	XI 0	FEE			FEE
Independe	400	5	Minus	7				OR	X 8	<u> </u>
₹ FIRST PR	ESENTATIO	N OF ALL TIPE	- DEREND		X3		OR	X 8		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,18(d))						+1		OR	+5	
110101						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
<del></del>		CLAMS		(Cotume 2)	(Column 3)		_			
<b>@ </b>		MAINING		HIGHEST NUMBER	PRESENT	RATE	400			
Total greek Lin	414	AFTER ENOWENT		PREVIOUSLY	EXTRA	WIE /	ADOI- TIONAL		RATE	ADDI- TIONAL
Total	1.7	$\mathcal{L}^{*}$	Minus	PAIDFOR	<del>  ~</del>		FEE			FEE
5 profit Lie		40		70	4	x 8=		OR	x	
DORLE	10:0	0	Minus	7	استنا	X1		_	7	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(6))							$\dashv$	OR		
						ADD'L FEE		OR	TOTAL ADD'L FEE .	
<del>-,-</del>		duma 1)		(Column 2)	(Column 3)		•			
9 6/		AAIMS MAINING		HIGHEST NUMBER	PRESENT			. 1		
/21/	00	AFTER ENDMENT		PREVIOUSLY PAID FOR	EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
Total 11.142 TCJ		42	Minus	42	• 0	X S	FEE			FEE
tindependent pr crit 1,180	4 .	6	Minus	··· 7	• 7	X 3		OR	×	
PIRST PRE	SENTATION	OF HILTIPLE	DEPENDE	NT CLAM (ST CF)			OR	X \$=		
-				William Miles	· · · · · · · · · · · · · · · · · · ·	1000		OR	+ 3	
4 HOs colo				•		ADDL FEE	1	OR	TOTAL ADDL FEE	
				in column 2, write IN THIS SPACE I				•-•	- Trice [	<del></del>
	est Numbe		eld For	n this space i	less then 3, en	na' 20'. ht'3'.				

The Tighest Number Producity Paid For (Total or Independent) is the Infrient number found in the appropriate box in outsing 1.

THIS collection of Information is required by 37 CFR 1.18. The Information is required to obtain or stolen a benealt by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gethering, preparing, and submitting the completed application form to the USPTO. Then will very depending upon the inhibition case. Any commonts on the amount of time you require to complete this form anxion suggestions for reducing the brinds, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Sex 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1459, Alexandria, VA 22313-1460.

If you need estitiance in completing the form, cell 1-000-PTO-0139 and saincl option 2.